OFFICIAL MEMBERSHIP APPLICATION FORM

Be Part of a Movement that Builds the Nation

PERSONAL INFORMATION

First Name: _____

Surname: _____

ID Number: _____

Date of Birth: _____

Gender: _____

Race: _____

Nationality: _____

Home Language: _____

CONTACT INFORMATION

Cell Phone: _____

Alternate Phone: _____

Email Address: _____

Street Address: _____

City: _____

Suburb: _____

Province: _____

Ward: _____

Postal Code: _____

EMPLOYMENT & SKILLS

Employment Status: _____

Education Level: _____

Skills: _____

MEMBERSHIP DETAILS

Affiliation Fee: **R10**

Branch Preference: _____

Renewal: _____

Period: **2 Years**

BANKING DETAILS

Bank:	First National Bank (FNB)
Account Name:	GAZA DEMOCRATIC FRONT NPC
Account Type:	Gold Business Account
Account Number:	63187414586
Branch Code:	205609
Branch Name:	Woodbridge
SWIFT Code:	FIRNZAJJ

DECLARATION & CONSENT

- ☐ Info is true and accurate.
- ☐ I abide by the Constitution and code of conduct.
- ☐ POPIA data processing consent for administration.
- ☐ Receive communications via SMS/Email.

MEMBERSHIP OATH

I, Force Member _____, solemnly declare that I will uphold and defend the Constitution of the Gaza Democratic Front (GDF). I commit to the principles of discipline, unity, and liberation, ensuring that my actions are guided by the rule of law and the fundamental rights enshrined within our governing document. I pledge to serve with integrity and accountability, contributing to the development of a just society as mandated by our constitutional framework.

_____

APPLICANT SIGNATURE:

_____

CURRENT DATE: